

Immunization Record and History

PATIENT NAME (Last Name, First Name, Middle Initial) Patient Full Name			NUMBER			
BIRTHDATE Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female	KNOWN REACTIONS TO VACCINES/ALLERGIES			PRACTICE NAME/ADDRESS Medical Provider Contact Information, Location 'Stamp' or Signature	
VACCINES FOR CHILDREN (VFC) ELIGIBILITY (check one)						
<input type="checkbox"/> CHDP/Medi-Cal eligible	<input type="checkbox"/> No health insurance	<input type="checkbox"/> American Indian/Alaskan Native	Under-insured (insurance does not cover immunizations) may be vaccinated with VFC vaccines only at federally qualified and rural health centers		<input type="checkbox"/> Not eligible	

If a combination vaccine (e.g., DTaP+IPV+HepB or DTaP+IPV+Hib) is used, record dose in each section.

VACCINE	DOSE	DATE GIVEN*	TRADE NAME/MANUFACTURER AND LOT NUMBER	ADMINISTERED BY	SITE** VIS I.D.†	VACCINE	DOSE	DATE GIVEN*	TRADE NAME/MANUFACTURER AND LOT NUMBER	ADMINISTERED BY	SITE** VIS I.D.†
HepB	1				<i>IM</i>	PCV	1				<i>IM</i>
HepB	2										<i>IM</i>
HepB	3										<i>IM</i>
HepB											<i>IM</i>
RV	1				<i>oral</i>	IPV	1				<i>IM or SC</i>
RV	2				<i>oral</i>	IPV	2				<i>IM or SC</i>
RV	3				<i>oral</i>	IPV	3				<i>IM or SC</i>
DTaP	1				<i>IM</i>	IPV	4				<i>IM or SC</i>
DTaP	2				<i>IM</i>	MMR	1	Month/ Day/Year	Vaccine name, Manufacturer Lot # , Expiration date	Clinician name	<i>SC</i> Where the shot was given
DTaP	3				<i>IM</i>	MMR	2				<i>SC</i>
DTaP	4				<i>IM</i>	VAR	1				<i>SC</i>
DTaP	5				<i>IM</i>	VAR	2				<i>SC</i>
HIB	1				<i>IM</i>	HepA	1				<i>IM</i>
HIB	2				<i>IM</i>	HepA	2				<i>IM</i>
HIB	3				<i>IM</i>						
HIB	4				<i>IM</i>						

All immunization records must contain the same essential elements (in English):

- Patient full name
- Name of vaccine
- Patient date of birth
- Manufacturer
- Medical provider name
- Lot number of vaccine dose
- Provider location and contact
- Expiration date of vaccine dose
- Clinician or vaccine administrator
- Location of administration

Abbreviation Trade Name & Manufacturer
DTaP Daptacel (sanofi); Infanrix (GlaxoSmithKline [GSK]);
DTaP-HepB-IPV Pediarix (GSK)
DTaP-IPV/Hib Pentacel (sanofi)
DTaP-IPV Kinrix (GSK); Quadracel (sanofi)
HepB Engerix-B (GSK); Recombivax HB (Merck)
Hib ActHIB (sanofi); Hiberix (GSK); PedvaxHIB (Merck)
IPV Ipol (sanofi)
PCV13 Prevnar 13 (Pfizer)
RV1 Rotarix (GSK)
RV5 RotaTeq (Merck)
Tdap Adacel (sanofi); Boostrix (GSK)
MMR M-M-R_{II} (Merck)
MMRV ProQuad (Merck)
VAR Varivax (Merck)
HepA Havrix (GSK); Vaqta (Merck)
www.cdc.gov/vaccines/hcp/vis/index.html

* **Date Given** is the date you gave the patient the Vaccine Information Statement (VIS) and you administered the vaccine.
 ** **Site:** Abbreviations are LD=left deltoid or left outer upper arm, LT=left thigh, RD=right deltoid or right outer upper arm, RT=right thigh. Proper route indicated by italics: IM=intramuscular, SC=subcutaneous.
 † **VIS**—Vaccine Information Statement. Each VIS has an issue date in the lower corner; record the VIS issue date here. The VIS should be given to the patient/parent before each dose of vaccine is administered. Each VIS can be downloaded from www.immunize.org/vis.
 Note: If you are recording a vaccine given elsewhere, record date dose was given, write in "elsewhere" or "transcribed" and name of provider.

Immunization Record and History, continued

VACCINE	DATE GIVEN*	TRADE NAME/MANUFACTURER AND LOT NUMBER	ADMINISTERED BY	SITE**	VACCINE	DOSE	DATE GIVEN*	TRADE NAME/MANUFACTURER AND LOT NUMBER	ADMINISTERED BY	SITE**
				VIS I.D.†						VIS I.D.†
IIV/LAIV (Flu)				IM/Nasal	HPV	1				IM
IIV/LAIV (Flu)				IM/Nasal	HPV	2				IM
IIV/LAIV (Flu)				IM/Nasal	HPV	3				IM
IIV/LAIV (Flu)				IM/Nasal	MCV4/ MenACWY	1				IM
IIV/LAIV (Flu)				IM/Nasal	MCV4/ MenACWY	2				IM
IIV/LAIV (Flu)				IM/Nasal	MenB	1				IM
IIV/LAIV (Flu)				IM/Nasal	MenB	2				IM
IIV/LAIV (Flu)				IM/Nasal	MenB					IM
IIV/LAIV (Flu)				IM/Nasal	Tdap	1				IM
IIV/LAIV (Flu)				IM/Nasal	Tdap					IM
IIV/LAIV (Flu)				IM/Nasal	Tdap					IM
IIV/LAIV (Flu)				IM/Nasal						
IIV/LAIV (Flu)				IM/Nasal						
IIV/LAIV (Flu)				IM/Nasal						
IIV/LAIV (Flu)				IM/Nasal						
IIV/LAIV (Flu)				IM/Nasal						
IIV/LAIV (Flu)				IM/Nasal						
IIV/LAIV (Flu)				IM/Nasal						
IIV/LAIV (Flu)				IM/Nasal						
IIV/LAIV (Flu)				IM/Nasal						
IIV/LAIV (Flu)				IM/Nasal						

Abbreviation Trade Name & Manufacturer

HPV2 Cervarix (GSK)
HPV4 Gardasil (Merck)
HPV9 Gardasil9 (Merck)
LAIV (Live attenuated influenza vaccine) FluMist (MedImmune)
IIV (Inactivated influenza vaccine)
 For latest formulations, see: eziz.org/assets/docs/IMM-895.pdf
MCV4/MenACWY Menactra (sanofi pasteur); Menveo (Novartis)
MenB Bexsero (GSK/Novartis)
 Trumenba (Pfizer)